

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90033 049 ***150.00

DOCUMENT # L06382

1. Entity Name

GOLDEN GATE INTERNATIONAL, INC.

Principal Place of Business

C/O PAI-CHUN LIAO
4949 INTERNATIONAL DRIVE, #FC3
ORLANDO FL 32819

Mailing Address

P.O. BOX 1807
OCALA FL 34478-1807
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2980825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LIAO, PAI-CHUN
7212 GREEN PINE CT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name **PAI-CHUN LIAO**

Street Address (P.O. Box Number is Not Acceptable)

8183 LAKE SERENE DRIVE

City

ORLANDO

FL

Zip Code

32836

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Pai-Chun Liao

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☐ Delete
 NAME **LIAO, PAI-CHUN**
 STREET ADDRESS **7212 GREEN PINE CT**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8183 LAKE SERENE DRIVE**
 CITY-ST-ZIP **ORLANDO, FL. 32836**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pai-Chun Liao
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)